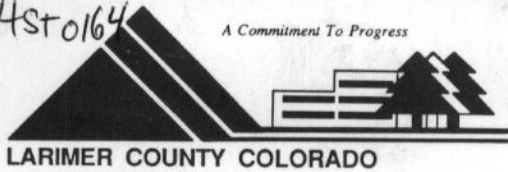


90-Hst0164 APPLICATION AND PERMIT FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM ENTERED



SCANNED

LARIMER COUNTY HEALTH DEPARTMENT
363 Jefferson Street
FORT COLLINS, COLORADO 80524

MICROFILMED Environmental Health
(303) 221-7496

1. $\frac{1}{4}$, $\frac{1}{4}$, $\frac{1}{4}$, S 21 T 5 R 72
2. Subdivision _____
3. Lot _____ Block _____ Filing _____ Zoned _____
4. New System _____ Repair _____ New Vault X
5. Address/Location 2501 Big Thompson Canyon Rd. Estes Park, CO.
6. Owner of Record George & Margaret Guthrie Address 411 Cedar Ln, LPR Ph. 6-2290
7. Agent self Address _____ Ph. _____
8. System Contractor Roky Mtn Concrete Address _____ Ph. _____
9. Building Type summer cottage Basement Bathroom no Design Capacity 2 berr
10. Lot Size < 1 acre Slope _____ Perc. Rate/H.C. n/a Depth to Bedrock < 1'
11. Depth to water Table n/a Potable Water Supply well Aquifer unknown
12. Water District n/a
13. Sanitation District n/a
14. Nearest Location of Public Sewer To Building > 400 feet
15. Exhibits check: Plot Plan _____ Eng. Geol. Report _____ Engineers Design _____
16. Owner/Agent Signature Margaret Guthrie Date 8/6/90
17. Engineer Signature _____ P.E. Reg. # _____ Date _____
18. Fee of \$ 50.00 payable at time Permit is issued.
19. Plot plan on reverse of this form.

Receipt # 9020 BP# _____

Permission is hereby granted to the owner or his agent to perform the work indicated below in accordance with the Larimer County Individual Sewage Disposal Regulations and is conditional upon the final installation approval of the Larimer County Health Department. This permit is to remain in full force for the duration of the Larimer County Building Permit, or 120 days after its issuance, where applicable, providing it is not revoked for non-compliance. The issuance of this permit does not constitute assumption by the Department or its employees of liability for the failure or inadequacy of the sewage disposal system.

20. Type and design of System Install a minimum 1250 gallon vault to collect all liquid waste. A float device must be installed in the vault to show when 75% volume has been reached. Maintain all distance setbacks as per L.C.H.D. (Design Code 10 11)

21. Maintenance Schedule Pumpas needed. Maintain pumping records 5 years.
22. Please notify the department 24 hours in advance of backfilling to obtain final inspection for issuance of "Occupancy Certificate".

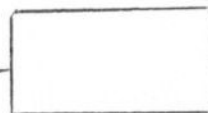
Approval Signature	Date	Approval Signature	Date
23. Site Inspection: <u>[Signature]</u>	_____	Sanitation District: _____	_____
24. Preliminary: <u>[Signature]</u> R.P.S. <u>2/1/91</u>	_____	Occupancy Permit Signed: _____	_____
25. Final Inspection: <u>[Signature]</u> R.P.S. <u>5/2/91</u>	_____	And Transmitted By: _____	_____

Route: white - owner; pink - system contractor; Tag Copy - File.



OLD
VAULT

1500 GALLON VAULT



63'

WELL

loan done 4/1/97